SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I; Agreement Deta Public Employer:	TOWNSHIP OF COMMERCIAL County: Cumberland					Cumberland	
Employee Organization	AFSCME COUNCIL 71				Employees in Unit: 13		
Base Year Contract Term:	1/1/2015	12/31/2017	New Cont	ract Term 1/1/20		12/31/2020	
Type of Settlement:	✓ Mediated Sett	Jement 1 Fa	cl-Finder Recomme	ndation L	Voluntary Settlement	Super Conciliation	
	· · · · · · · · · · · · · · · · · · ·			umn A	Column		
			Bate Year - Total Co (Last Year of Provious agree		New Sase Year • Total Costs (First Year of Successor agreement)		
Section II; Economic							
Item 1 Sal	fary		\$540,928		\$562,580		
ttem 2 Inc	rement	_	\$21,852		\$22,503		
Item 3 Lor	ngevity		\$8,884		\$9,884		
Item 4							
Item 5		_					
Item 6		_					
Item 7			l		-		
flem 8					I —		
llem 9							
llem 10							
llem 11				·			
item 12							
Any additional Herns list on separate st	heet	Additional Nerna					
Section III; Totals • Sum of coals in each column			e674 /04		\$504.007		
DECHOTINI TOTALS - Sum of con	ats in each column		\$571,464		\$594,967	\$594,967	
			(Total)	(Total)		
Section IV: Analysis of new success	sor egreemen)		NEW AGRE	EMENT ANALYSIS			
Total Base Year(provious agreement)	\$571,464						
	<u></u>						
Effective Date (m/d/yyyy)		1/1/2018	1/1/2019	1/1/2020			
Percent Increase	***************************************	4%	4%	4%		, , , , , , , , , , , , , , , , , , ,	
Tatal cost of increese		\$22,503	\$23,403	\$24,339			
Total base salary (successor agreemen	nt)	\$585,083	\$608,486	\$632,825			
ection V: Impact of Sattlen	nent - average annual	increase over term of agre	ement				
Percentage Impact (average per year o	over term of egreement)	4.00					
Dollar impact (average per year over le	erm di agreemeni)	\$608,798.00					
ection VI							
Health Insurance (Indicate costs assoc	relation each that						
Trouble model by the find the costs based	Salva on Editi and	Sace Year	Year (
Cosl of Health Plan	***************************************	\$178,486	\$178,486				
Employee Contributions		\$32,270	\$34,805				
Prescription		\$45,155	\$45,155				
Dental		\$7,794	\$7,794				
Vision		\$4,605	\$4,605				
The undersigned certifies I	hat the foreaoina line	res are true and is aware	that if any of the i	oregoina flems are fe	ise. s/he is subject to number	ment.	
ection VII	ови нижевые ста	TAX WAS PING ONN 19 CHANG	THE PERSON NAMED IN COLUMN 1	A SHAULE HEILTS GIR 10	one re audiout to pullist	neverb.	
Prepared by:	PAMELA	HUMPHRIES		Tau	6: CHIEF FINANC	IAL OFFICER	
. Tokatan ny.	IMPLA	Print Name			o Olim, Littlifo	III OFFICER	
	(Tomet	// / /	hues	Dat	e: 12/4/2017		
		Signature	· www	Uat	·. 12/4/201/		